

THE COMMONWEALTH OF MASSACHUSETTS
Public Employee Retirement Administration Commission
5 Middlesex Avenue, 3 rd Floor
Somerville, MA 02145
(617) 666-4446
Fax: (617) 628-4002
www.state.ma.us/PERAC

MEMORANDUM

TO: All Retirement Boards

FROM: Robert F. Stalnaker, Executive Director

RE: Appropriation Data Due October 31, 1998

DATE: September 18, 1998

At this time we are requesting information necessary for us to furnish you with the amount to be appropriated for FY00, in accordance with your funding schedule, under the provisions of G.L. c. 32, §22D or §22(6A)(b). Please fill out the attached questionnaire with the appropriate information in the spaces provided and return it to us as soon as possible, but not later than October 31, 1998.

Incorrect, incomplete or unsubmitted information will result in PERAC estimating such data using conservative assumptions which could lead to significant increases in appropriations.

If you have any questions regarding this memo, please contact Jim Lamenza, PERAC's actuary at 617-666-4446 x921.

QUESTIONNAIRE - APPROPRIATION DATA DUE 10/31/98

System_____

1A. The Fiscal 1999 total pension appropriation enacted by your governmental unit(s). (This should include all units within your system.) \$_____

1B. The scheduled appropriation for Fiscal Year 2000 \$_____

Please include the actuarial report from which these amounts were determined if you have not already submitted it to us.

2. The yearly amount of pensions (include state funded COLA, but not annuities or retroactive payments) payable as of September 30, 1998 (i.e., the September 30 pension portion of the retirement payroll minus any retroactive payments, multiplied by 12) \$_____

3A. Any amounts received and credited to the Pension Fund under Section 3(8)(c) (Reimbursements from other governmental units for a portion of the pension of a retired member) and under Section 7(4)(b) (reimbursement for pension of member injured rendering authorized aid to other governmental unit) for the period July 1, 1997 through June 30, 1998. \$_____

3B. Any amounts paid by and charged to the Pension Fund under Section 3(8)(c) (Reimbursements to other governmental units for a portion of the pension of a retired member) and under Section 7(4)(b) (reimbursement for pension of member injured rendering authorized aid to other governmental unit) for the period July 1, 1997 through June 30, 1998. \$_____

4A. The total amount of the state funded cost-of-living payments for 1998 benefits payable during the period July 1, 1997 through June 30, 1998 which have been reimbursed by the State as of September 30th. \$_____

QUESTIONNAIRE - APPROPRIATION DATA DUE 10/31/98

System_____

- 4B. The total amount of the state funded cost-of-living reimbursements for benefits payable during the period July 1, 1997 through June 30, 1998 which are owed and have not yet been received. \$_____
- 4C. The sum of A and B. \$_____
5. The total amount of pension payments (include state funded COLA, but not annuities) made from the period July 1, 1997 through June 30, 1998. \$_____
6. Indicate whether any city, town or district (or any town or district within your system) has accepted the provisions of 90A, 90C or 90D (Increasing allowances of former employees) since July 1, 1997.
- | | | |
|------------------------------|---------|----------|
| 90A (Acc. Dis.) | No_____ | Yes_____ |
| 90C (Super. with 25 yrs.) | No_____ | Yes_____ |
| 90D (Ord. Dis. with 25 yrs.) | No_____ | Yes_____ |

If the answer is Yes to any of the above, please indicate below the section(s) accepted, the effective dates, the number of members who received increased benefits and the total amount of increase in benefits due to the acceptance. (Attach an additional sheet if necessary.)

| UNIT | SECTIONS | EFF. DATE | NUMBER AFFECTED | BENEFIT INCREASE |
|------|----------|-----------|-----------------|------------------|
|------|----------|-----------|-----------------|------------------|

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QUESTIONNAIRE - APPROPRIATION DATA DUE 10/31/98

System_____

7. Please give dates and amounts of appropriation payments made for Fiscal Year 1998 for your system. (County systems may skip this question.)

____/____/____ \$_____ ____/____/____ \$_____

____/____/____ \$_____ ____/____/____ \$_____

____/____/____ \$_____ ____/____/____ \$_____

8. Please give amount approved by your board for expenses for fiscal 1999 (please enclose a copy of the approved budget, if available, or provide an estimate)

Fiscal 1999 Administrative Expenses.....\$_____

Fiscal 1999 Investment Related Expenses.....\$_____

Total Fiscal 1999 Expense Budget.....\$_____

9. Have you scheduled a private actuary to complete a January 1, 1999 valuation for the system?
_____ If so, please indicate which firm_____

10. Who should be called if we have any questions on this report?

Name:_____

Telephone No:_____

CITIES AND TOWNS

Kindly furnish us with the number of active members in your system and the aggregate annual rate of regular compensation for these members as of September 30, 1998. If your system contains units, such as a housing and/or redevelopment authority or a district, please furnish the information as to the number of members and their aggregate annual rate of regular compensation separately. (This does not mean departments within a city or town.) In the first section below, please include only those members whose salary is not paid by federal grant monies. In the second section, please include only those members whose salary is paid by federal grant monies. This second group will be used only for purposes of reconciliation, but will not have a pro-rata share of the Pension Fund appropriation. Instead, 9% of federal grants should be paid to the Pension Reserve Fund for them.

I. NON-FEDERAL GRANT EMPLOYEES

| <u>UNIT</u> | <u>NO. OF MEMBERS</u> | <u>ANNUAL RATE OF COMPENSATION</u> |
|-------------|-----------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$ _____ |

II. FEDERAL GRANT EMPLOYEES

| <u>UNIT</u> | <u>NO. OF MEMBERS</u> | <u>ANNUAL RATE OF COMPENSATION</u> |
|-------------|-----------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$ _____ |

QUESTIONNAIRE - APPROPRIATION DATA DUE 10/31/98

System:_____

COUNTIES

Kindly list on a separate sheet the units comprising your system with the total aggregate annual rate of regular compensation and the number of active members who are not paid by federal grants for each unit as of September 30, 1998. In addition, please compile a comparable list for those members who are paid by federal grants. This second group will be used only for purposes of reconciliation, but will not contribute any part of the Pension Fund appropriation. Instead, a contribution of 9% of federal grants should be paid to the Pension Reserve Fund for them.